

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72728

1. Entity Name

RON'S ISLAND COURT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90290 041 ***150.00

Principal Place of Business

87TH STREET
 FL 32958

Mailing Address

6635 110TH PLACE
 SEBASTIAN FL 32958-4736
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0117379

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDET, RONALD F.
 6635 110TH PLACE
 SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GAUDET, RONALD F.	
STREET ADDRESS	6635 110TH PLACE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUBINSKY, KAREN	
STREET ADDRESS	528 SOUTH ST	
CITY-ST-ZIP	EAST AURORA NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANKO, SUZANNE M.	
STREET ADDRESS	6329 SCHERFF RD	
CITY-ST-ZIP	ORCHARD PARK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHRISTY, LYNN M.	
STREET ADDRESS	216 LONGVIEW DR	
CITY-ST-ZIP	JEFFERSONVILLE IN	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GAUDET, JUNE M.	
STREET ADDRESS	6635 110TH PLACE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/15/00

589 0758

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)